PTO/SB/06 (12-04)

Approved for use through 7/31/2008. OMB 0651-0032

U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Opcket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Cotumn 2) NUMBER FILED FOR NUMBER EXTRA RATE (\$) RATE (\$) FEE (S) FEE (\$) BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.18(k), (i), or (m)) **EXAMINATION FEE** (37 CFR 1.18(o), (p), or (q)) TOTAL CLAIMS OR minus 20 = (37 CFR 1.16(i)) INDEPENDENT CLAIMS minus 3 = x = x _ (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(D) TOTAL TOTAL "If the difference in column 1 is less than zero, enter "0" in column 2. APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 1) SMALL ENTITY (Column 2) (Column 3) **SMALL ENTITY** CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) RATE (\$) BXTRA PREVIOUSLY TIONAL TIONAL **AMENDMENT** PAID FOR FEE (\$) FEE (\$) Total (37 CFR 1.186)) ENDME Minus 9 OR Minus independent (37 CFR 1.180)) OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 160) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) ADDI-RATE (\$) ADOI- $\mathbf{\omega}$ AFTER AMENDMENT PREVIOUSLY FYTRA TIONAL TIONAL FEE (S) FEE (\$) PAID FOR 20 Total (37 CFR 1.160)) Minus W OR ΣQ 2600. N pel × 200 = Minus Independent (37 CFR 1.16(h)) 3 Ш x = OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) OR TOTAL TOTAL OR ADD'L FEE ADO'L FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.